

NAME AND ADDRESS OF AGENCY  <b>AMERICAN INS. &amp; INVESTMENT CORP</b> <b>450 SO. 900 EAST SUITE 200</b> <b>SALT LAKE CITY, UT 84102</b>	<b>COMPANIES AFFORDING COVERAGES</b>  COMPANY LETTER <b>A</b> Fireman's Fund Ins. Co.  COMPANY LETTER <b>B</b>  COMPANY LETTER <b>C</b>  COMPANY LETTER <b>D</b>  COMPANY LETTER <b>E</b>
NAME AND ADDRESS OF INSURED  <b>Western Clay Co., Inc.</b> <b>P. O. Box 1067</b> <b>Aurora, Utah    84620</b>	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	<b>GENERAL LIABILITY</b>		5/31/85	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES—OPERATIONS					
	<input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD					
	<input type="checkbox"/> UNDERGROUND HAZARD					
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$1,000	\$1,000
	<input type="checkbox"/> CONTRACTUAL INSURANCE					
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input type="checkbox"/> INDEPENDENT CONTRACTORS					
	<input type="checkbox"/> PERSONAL INJURY			PERSONAL INJURY		\$
A	<b>AUTOMOBILE LIABILITY</b>	"	"	BODILY INJURY (EACH PERSON)	\$	
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input checked="" type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000	
	<input checked="" type="checkbox"/> NON-OWNED					
	<b>EXCESS LIABILITY</b>			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>			STATUTORY		
	<b>OTHER</b>				\$	(EACH ACCIDENT)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

All operations

**Cancellation:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

State of Utah  
National Resources & Energy  
Division of Oil, Gas & Mining  
4241 State Office Building  
Salt Lake City, Utah 84114  
Attention: James W. Smith, Jr.

DATE ISSUED: 5/31/83

*Craig J. Bradshaw*  
American Ins. & Inv. Corp. em



OIL, GAS & MINING  
DIVISION OF

JUN 02 1983

RECEIVED

000,000

[REDACTED]

000,000

000,000

11 00000000

01

1/01/83

SEAL OF UTAH  
NATIONAL ASSOCIATION OF  
DIVISION OF OIL, GAS & MINING  
231 STATE OFFICE BUILDING  
SALT LAKE CITY, UTAH 84103  
ATTENTION: Mr. [REDACTED]

RECEIVED